

# 2025 Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Benefit Highlights

2025 Benefits	Humana Employer-sponsored PPO Medicare Advantage plan In- and Out-of network copay/coinsurance (This is the amount you'll pay)
<b>Annual deductible</b>	\$100 (combined in- and out-of-network)
<b>Annual maximum out-of-pocket</b>	\$2,500 (combined in- and out-of-network)
<b>Inpatient hospital visits</b>	10% of the cost per stay
<b>Outpatient hospital visits</b>	10% of the cost
<b>Outpatient ambulatory surgical center</b>	10% of the cost
<b>Primary Care Physician/Specialist office visits</b>	10% of the cost*
<b>Preventive care/Immunizations</b>	Covered at no cost*
<b>Emergency room care</b>	10% of the cost*
<b>Urgent care</b>	10% of the cost*
<b>Diagnostic tests and procedures</b>	10% of the cost
<b>Durable medical equipment</b>	10% of the cost
<b>Mental health</b>	
Inpatient and outpatient hospital visits	10% of the cost per stay
Primary care and specialist office visits	10% of the cost*
<b>Telehealth services<sup>†</sup></b>	
Primary care provider	\$0 copay
Specialist	10% of the cost
Urgent care services	\$0 copay
Substance abuse or behavior health services	\$0 copay
<b>Hearing aids – up to 1 per ear every 5 years</b>	20% coinsurance
<b>Hawaii Travel (Interisland)</b>	\$0 copay for approved air travel for specialty care required outside of home island. Travel is limited to 10 round-trip tickets per calendar year.
<b>SilverSneakers<sup>®</sup></b>	\$0 copay – Live a healthier, more active life through fitness and social connection at participating SilverSneakers locations and online.

\*Not subject to deductible

†Out-of-network limited to Original Medicare coverage



[your.Humana.com/eutf/](https://your.Humana.com/eutf/)

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **888-908-6518 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.